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AUTHOR Garner, Ruth
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ABSTRACT

Good readers tend to engage in conscious reading strategies that poor readers do not. Expert readers display the following strategic behaviors that novices do not: (1) studying text segments previously found difficult more extensively than easy segments; (2) spending more study time on difficult stories than on easy ones; (3) summarizing just the important information from an expository text; and (4) monitoring disruption to steady comprehension of a text. Such strategic behaviors can be learned, however, and a clinical situation provides an ideal setting for training less proficient readers to use them. Successful efforts to induce strategic behaviors, particularly in poor readers, have some features in common. In addition to including a detailed task analysis of the sequence of training activities, these efforts move from simple to complex tasks, use explicit instruction including corrective feedback, and give instruction in self-regulating the use of the learned strategies. The summer reading clinic at the University of Maryland plans to focus attention on these strategies. Out of concern for movement from other-regulated strategies to self-regulation, the clinic staff plans to teach some of the text processing strategies in stages. First, clinicians will model the use of the strategy. Second, they will provide structure and feedback, but remedial readers will themselves perform the operations. In the third stage, the students will assume full responsibility for task completion. The clinicians will intervene only in instances of incorrect strategy use. (HTH)

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Focusing on Strategies in the Clinic Setting

Ruth Garner
University of Maryland
College of Education
Reading Center
College Park, MD 20742

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Focusing on Strategies in the Clinic Setting

I want to talk to you today about strategic readers, readers who deliberately, planfully, and consciously engage in activities that enhance reading comprehension. I have in mind very active information processors whose text processing behaviors are, as Scott Paris and his colleagues point out (Paris, Lipson, & Wixson, 1983), seldom accidental or merely obedient. I have in mind the sort of reader that Brown and Palincsar (1982) describe has having self-control skills and we (Garner, Macready, & Wagoner, 1984) label as being "in charge" of the reading process. I want to make three points about such strategic readers: 1) there is a fair amount of evidence that most less proficient readers are not strategic in the sense that I have described; 2) there is some recent evidence that strategic behaviors can be trained; and 3) a clinical situation, in my view, provides an ideal setting for training less proficient readers to become more strategic readers.

First, let's mention some of the recent work on readers who are largely non-strategic. Using my own work on text lookbacks (e.g., Garner & Reis, 1981; Garner, Wagoner & Smith, 1983) as a starting point, we can say that: 1) good readers (that is, good comprehenders) know they cannot remember everything they read; 2) they, furthermore, know that to answer certain (text-based) questions, they should reinspect the text if it is made available; and 3) they demonstrate a style of reinspection ("rereading," "lookbacks") that is highly strategic in its sampling or selective nature. That is to say, not all of the material already read is reread. Either memory for where information is located in the text (cf. Christie & Just, 1976) or efficient visual search using a skimming strategy (including a search for key words in the question) is typically employed. Less proficient readers,

unfortunately, do not demonstrate full use of this text-lookback strategy. We have found strong evidence of a relationship between use of the strategy and reading performance level if we interview readers (Garner & Kraus, 1981-1982) and if we observe readers individually as they process text and questions (Garner & Reis, 1981) and if we ask readers to tutor younger students in an effort to nudge overt displays of strategic knowledge and behaviors (Garner, Wagoner, & Smith, 1983).

The relationship between strategy use and global reading performance level holds for other important strategies as well. We know that experts mostly do and novices mostly do not display the following strategic behaviors: 1) studying text segments previously found difficult more extensively than segments found easy (Brown & Campione, 1977); 2) spending more study time on difficult stories than on easy ones (Owings, Petersen, Bransford, Morris, & Stein, 1980); 3) summarizing in a succinct manner just the important information from an expository text (Winograd, in press); and 4) monitoring disruptions to steady comprehension of a text (Flavell, Speer, Green, & August, 1981; Markman, 1981). Notice how each of these strategy examples - and there are doubtless many more - involves reader allocation of cognitive resources to complete a text-processing task. A reader notes that extra effort needs to be expended and cares enough about task completion to expend it; this is the skill-will combination Paris, Lipson, and Wixson (1983) tell us is basic to strategic operations.

Can less proficient readers be trained to use these sorts of strategies? Let's use lookbacks as a starting print again for a response. We (Garner, Hare, Alexander, Haynes, & Winograd, in press) provided a three-day individualized training sequence to good-decoder, poor-comprehender students,

ages 10 to 13, in the University of Maryland summer remedial reading clinic setting. We worked with a series of 200-word expository texts from the Reading for Concepts (Liddle, 1977) series. We taught the readers exactly what they seemed not to know; why use lookbacks (you cannot remember everything you read); when should you look back (when questions cue reinspection of text as opposed to reflection on general knowledge base); where should you look (to the part that might contain the answer, the part you skim to find using key words in the question). When we waited five days after this training, and then asked both our trained and control-group students to process two texts in the presence of a new adult and a videotape camera, we observed strong differences between groups both in how the readers processed text and how well they processed. Trained readers were far superior to untrained clinic peers in number of appropriate lookbacks used and in number of correct answers achieved with lookbacks. The instruction worked.

Other training programs have demonstrated sizable, durable effects as well. Hare and Borchardt (in press) have trained efficient summarization in high school students enrolled in a summer study skills course. Palincsar and Brown (1983) have taught poor-comprehender students to paraphrase and summarize text segments, to anticipate questions and predict content to come, using an interesting reciprocal teaching intervention. Hansen and Pearson (1983) have trained teachers to in turn train good and poor fourth-grade readers' inference skills; in this last study, poor readers particularly benefited from the treatment.

All of these successful efforts to induce strategic behaviors in readers, particularly in poor readers, have some features in common that I want to mention. Those features are: 1) a detailed task analysis of the

sequence of activities to be trained; 2) movement from simple to complex tasks; 3) explicit instruction, including modeling, corrective feedback, and practice components; and 4) some instruction in self-regulating the use of the strategies.

Peterson and Swing (1983) make an important point about strategy use when they describe classrooms as places where students' cognitive processing "must be done in real time," (p. 275) that is, where students often cannot slow down task completion efforts sufficiently to incorporate cognitive strategies (particularly unfamiliar or recently acquired strategies) into their routines. It is fortunate that clinic situations often offer just the opposite: almost ideal opportunities for less proficient readers to acquire and exercise valuable text-processing strategies.

This summer at the University of Maryland summer reading clinic, we plan to focus most of our instructional attention on some of the important strategies I have mentioned. We are convinced by our year's diagnostic findings that the clients of our reading clinic are not strategic readers. We are persuaded by the recent literature, some of which I've cited for you today, that we can train these readers to be more strategic.

One of the methods we plan to use to train strategic activities warrants a bit more discussion. We have been influenced by the work of Vygotsky (1978) and Wertsch (1979; Wertsch & Stone, 1979) who have written about adults collaborating with children in problem-solving situations. There is, in our application of this work, a concern with movement from other-regulation to self-regulation, a gradual release of responsibility in the clinic setting from clinician to remedial reader. Using this interactive instruction model, we plan to teach some of the text-processing strategies

I've discussed today in stages: 1) a first stage where clinicians model use of the strategy, performing all key operations; 2) a second stage where clinicians provide structure (e.g., what do you need to do first?) and feedback, but remedial readers themselves perform the operations; and 3) a final stage where the students assume full responsibility for task completion. The clinicians will intervene during the final stage only in instances of incorrect strategy use. The low ratio of novice readers to clinicians allows for this highly individualized delivery of strategy instruction. As Wertsch and Stone (1979) assert, this instructional plan capitalizes on the active, spontaneous nature of successful clinical remediation; it involves "a continual monitoring of the child's strategic needs and a constant adjustment of the strategic assistance provided" (p. 15).

Let me summarize what I've tried to say today about strategies and clinics. First, as Ryan, Ledger, Short, and Weed (1982) have said very well, "Comprehension problems among unsuccessful readers with reasonably adequate decoding skills are often related to their failure to participate actively and strategically while engaged in the reading process" (p. 54); that is, poor comprehenders need strategy assistance. Training in strategic operations works with poor readers. Clinic settings are ideal contexts for delivery of this training.

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